

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive Waterbury, VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 3, 2019

Ms. Cathy Etheze, Manager Kingdom Way Group Home Po Box 71 Newport, VT 05855

Dear Ms. Etheze:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 6, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

Jamela MCotaRN

Licensing Chief

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R WING 0295 11/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 71 KINGDOM WAY GROUP HOME NEWPORT, VT 05855 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 11/6/19. The following regulatory violation was identified. R165 V. RESIDENT CARE AND HOME SERVICES R165 See attachment SS=F 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects: ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications: iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to ensure that a Registered Nurse (RN) is available to assess residents' conditions and the need for any changes in medications: and monitoring and evaluating the designated Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE STATE FORM If continuation sheet 1 of 2

RIGT POC accepted 12/2/19 PM COTARN

Division of Licensing and Protection						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		0295	B. WING		11/06/2	019
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY,	STATE, ZIP CODE		
KINGDO	M WAY GROUP HOMI	PO BOX 7 NEWPOR	i.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	DBE C	(X5) CMPLETE DATE
R165	Continued From pa	ge 1	R165			
	staff performance in instructions regarding for 6 of 6 residents 2, 3, 4, 5, 6). Finding During interview on home's manager staproviding medication delegation to unlice in late September, 2 the home is seeing replied, "About 1/2 hinterview at 10:30 A Northeast Kingdom that currently there available from the aprocess. While there outcome to resident potential for medical	n carrying out the nurse's and medication administration in the sample (Residents #1, gs include: 11/6/19 at 8:30 AM, the ated that the RN who was a administration oversight and ansed staff had left the position 2019. When asked how often an RN onsite, the manager nour per week." Per telephone M, the Administrator at Human Services confirmed is very limited RN coverage gency during the hiring e is no evidence of negative at this time, there is tion administration practices absence of RN oversight of				
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Facility: Kingdom Way

Survey Date: 11/6/2019

R165 - V. RESIDENT CARE AND HOME SERVICES

5.10 Medication Management 5.10.d

Plan of Correction:

- A new Registered Nurse has been hired to provide the required nursing oversight surrounding medication administration (Completed 11/25/19)
- The Registered Nurse will re-delegate all staff and will assume responsibility for medication administration. (Expected date of completion: 12/10/19 and ongoing)
- The licensee will explore alternate options and develop contingency plans to prevent future unanticipated lapses in nursing oversight. (Immediate and ongoing)